

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A. 941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Washington Harman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 8 Months, Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 8 months

Place of Death, { Give street and number. } No. 2329 Eastern Avenue

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 6th 1887

Undertaker, H. Sander & Son

Place of Business, 1710 Canton Ave.

H. Schwarz M. D.
Medical Attendant.

Address 117 Chesapeake St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 942

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Upshur
Male

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Twenty Eight Years,

Months,

Days,

Color, Cheeks

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Writer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give Street and Number. } Madison Hospital, 27 Linden Avenue

Cause of Death, { First (Primary), Typhoid Fever
Second (Immediate), Paralysis of Heart }

Duration of Last Sickness, four or five

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6 1887

E. H. Wallace

M. D.

Medical Attendant.

Undertaker, Alfred Hensley

Place of Business, 54 Orchard St Address, 27 Linden Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

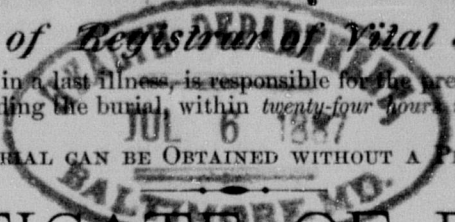
Permit No. 943

Office of ~~Registration~~ Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estate Loeffler

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 21 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 45 James A.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Inf.
Marasmus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, July 6

{ Undertaker, B. Hart } Wm. Gambel M. D.

{ Place of Business, 115 West } Address, 610 S. Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

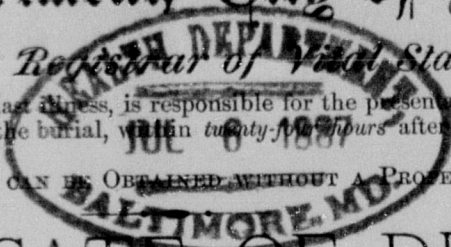
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 947 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

B

Date of Death, July 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Blackiston

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 21 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1005 Peach ally

Cause of Death, { First (Primary), Second (Immediate), } Stomachitis & Chol. Infantum
Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lawson Cemetery

Date of Burial, July 6 1887

Undertaker, J. J. Flannery

M. D.

Place of Business, 641 Howard Address, 1701 Dr. Hill av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 945 Office of Registrar of Vital Statistics.

Ward 18²

The Physician who attended any person in a last illness, responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5/87

Full Name of Deceased, Ann M. Acup
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 3 Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation,

Birth Place, Buenos Aires
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1824 W. Ken Ave
{ Give Street and Number. }

Cause of Death, Leathargy (Cholera Infantum)
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, July 6th 1887

Undertaker, M. Daughan

Place of Business, 696 Mulberry St Address, 808 E. Lombard

A. L. Dacris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

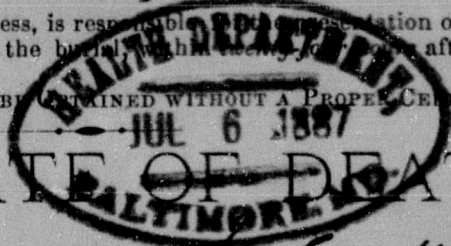
[OVER.]

Health Department, City of Baltimore.

Permit No. **A 946** Office of Registrar of Vital Statistics. Ward **10th**

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, **July 4th 87.**

Full Name of Deceased, **Edward J. Devan.** { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, **Male** or ~~Female~~, { Cross out the word not required in this line. }

Age, **7** Years, **4** Months, Days

Color, **white**

~~Married~~, **Single**, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, **Baltimore.** { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, **Life.**

Place of Death, **808 W. Mulberry** { Give Street and Number. }

Cause of Death, **Chronic Encephalitis** { First (Primary), }

Encephalitis. { Second (Immediate), }

Duration of Last Sickness, **Several years, acute two weeks**

All the above information should be furnished by the Physician.

Place of Burial, **St. Peter's Cemetery**

Date of Burial, **July 6th 87.**

Undertaker, **M. O'Quinn**

Place of Business, **696 Sullivan St.** Address, **315 W. Monument**

W. R. Morgan M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 947

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within two ~~four~~ hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6. 1887

Full Name of Deceased, Barnet C. Quatenberg
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 10 Years, 10 Months, 10 Days
Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Maryland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, Old No 28 E. Lombard St
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Phil Road free Burial

Date of Burial, July 6th 1887

Undertaker, J. Quatenberg

Place of Business, No 145 N. High St

J. W. Horck M. D.
Medical Attendant.

Address, 1005 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. A 948 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret M. Mumford

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, 29 Months, 29 Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Domestic

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City ✓

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 313. Preston St

Cause of Death, { First (Primary), Acute Infantile
Second (Immediate), Diarrhea }

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Beach

Date of Burial, July 6th 1887

Undertaker, John J. Andrews

Place of Business, No 407 David Hall Ave Address, Carl M. Thulbinger

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-949 Office of Registrar of Vital Statistics. Ward 7²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A FILLING CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1887

Full Name of Deceased, Charles Bass { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 28 Years, 1 Month, 28 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, 1312 2nd St { Give Street and Number. }

Cause of Death, Cholera Infantum { First (Primary), Second (Immediate), }
Exhaustion

Duration of Last Sickness, Few (10) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th

Undertaker, Geo Schilling M. D.

Place of Business, Adams Square Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 950

Office of Registrar of Vital Statistics.

Ward

19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 4th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edmund B. Randolph

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

1 Years

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

B. C

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

218. Buncer St

Cause of Death,

{ First (Primary),

Second (Immediate),

Cholera Inf.

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 6th 1887

Undertaker,

William Dungee

Place of Business,

150 East St

Address,

17 N. Calumet St

Medical Attendant.

Amman F Hill M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 1. It is further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]